MULTIPLE DE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 3602

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2	 					
3	 			 	ļ	
4_					·	
5						
6						
7						
8						
9						
10						
12						
13						
14			·			
15						
16						
17						
18						
19 20						
21					· · · · ·	
22		 -				
23					-	
24						
25				:		•
26						
27						
28 29					-	
30						
31			-			
32		•				
33	· ·					
34		· ·				
35						
36 37						
38						
39						
40						 -
41						
42						
43						
44						
45 46						
40						
48		 -	 			
49	 - -					
50				 1		
OTAL IND.	7	且		4		_
	, 4	~ }		~		*
OTAL DEP	40	42		←		(=
TOTAL CLAIMS	1 CA					

	AS FILED		AFTER "AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			-		MID.	DEF.
52						-
53						
54						
55						
56 -	 					
57 58						
59			<u> </u>			
60						
61						
62				·		
63						
64 .	1		200	12.7		-
65					14	
66		•				
67						
68						
69						
70						
71						
72 73						
74						
75						 .
76			` 			
77			-			
78						-
79						
80	1					•
81						· · · ·
82					i	
83						
84						
85						
86 87						
2.2				•		
88						•
90						
91		97				
92			· -			
. 93						
94						
. 95						
96						
97				-		
98						
99						
100						
TOTAL IND.		4		4		4
TOTAL DEP		4		4		4
TOTAL CLAIMS						
	U	S. DEPARTA	IENT (CO)	INEDCE	10	

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE BURT